|  |  |
| --- | --- |
| **Did the participant die during the study?** | Yes ☐ (Complete SAE form. Further questions not applicable)  No ☐ |
| **Date researcher was notified of withdrawal** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | |
| **Date of withdrawal** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | |
| **Who made the decision to withdraw? (Tick one option)** | Participant ☐  Relative ☐  Care home ☐  Clinician ☐  Other, specify below ☐  Not applicable (e.g. lost to follow-up) ☐ |
| **Time-point of withdrawal** | During baseline visit ☐  Between baseline visit and 6-month follow-up ☐  Between 6-month and 12-month follow up ☐ |
| **Reason for withdrawal (Tick one option)** | Health-related ☐  Time commitment related ☐  No longer interested ☐  No longer wishes to have further data collected ☐  Protocol deviation – specify below ☐  Adverse event ☐  Trial terminated by sponsor ☐  Prefer not to say ☐  No reason given ☐  Other – specify below ☐ |
| **Protocol deviation or other reason for withdrawal – details**  **Please do not include any information on participant/care home allocation here** |  |
| **Consent given by participant to use data collected up until point of withdrawal?** | Yes ☐  No ☐ |
| **Completed by (initials)** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Completed by (role) (Tick one option)** | **Care-home manager ☐**  **Care-home staff ☐**  **Trial manager ☐**  **Other** **☐** |
| **Date form was completed** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | |